PRINTED: 10/27/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3543AGZ 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2620 E ROBINDALE ROAD **COTTAGES OF GREEN VALLEY** HENDERSON, NV 89074 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 **Initial Comments** Y 000 Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation initiated on 7/6/09 and completed during an annual State Licensure survey conducted in your facility on 8/4/09. This State Licensure survey was conducted by the authority of NRS 449.150. Powers of the Health Division. The facility was licensed for 48 Residential Facility for Group beds for elderly and disabled persons, Category II residents, and 55 beds for care to persons with Alzheimer's disease Category II residents. The sensus at the time of the survey was 89. Twenty resident files were reviewed and fifteen employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. Complaint #NV00022444 was substantiated. See Tag Y393

(d) The health certificates required pursuant to

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The following deficiencies were identified:

449.200(1)(d) Personnel File - NAC 441A

1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:

Y 103

SS=F

NAC 449.200

Y 103

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Based on observation on 8/4/09, the facility failed to ensure 2 of 2 containers used to store garbage

outside the facility was covered.

Severity: 2 Scope: 3

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thoroughly

- The sanitizer solution for wiping cloths was

- The can opener, cutting board, and slicer in

- The hood filter, fryer cabinets, ovens, spice

NSF/ANSI units.

cleaned.

the correct concentration.

the kitchen were free of food debris.

shelf, sugar and flour bins were

Bureau of Health Care Quality & Compliance

AND DIAM OF CODDECTION		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED - 08/04/2009		
		NVS3543AGZ						
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•		
				2620 E ROBINDALE ROAD HENDERSON, NV 89074				
(X4) ID PREFIX TAG	· · · · · · · · · · · · · · · · · · ·			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPLE		(X5) COMPLETE DATE	
Y 255 Y 393 SS=I	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATION 255 Continued From page 3 - The dumpster lids were closed and the surrounding area was cleaned and swept. - The floors in the kitchen and walk-in we clean. - The ceilings and ceiling vents were cleat the cooks line, prep area, and dish marea. - The filter was in the hood when cooking. - Nonessential equipment was stored near and off the floor. Severity: 2 Scope: 3 449.226(4)(a)-(c) Safety Requirements		the st be cility. The sty if after granger granger after granger after granger granger after granger grang	Y 255				
	Surveyor: 28276	ot met as evidenced by						

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3543AGZ 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2620 E ROBINDALE ROAD COTTAGES OF GREEN VALLEY** HENDERSON, NV 89074 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 393 Y 393 Continued From page 4 to 8/4/09, the facility failed to ensure the auditory system in 5 of 8 cottages were operational and continuously monitored by a member of the staff. Findings include: On 7/15/09, the investigator pressed several call buttons in the red cottage without a response. Surveyors returned to complete a full survey due to concerns related to the call system On 8/4/09, the surveyors pressed call buttons in 8 cottages: At 9:00 AM the call button in the bathroom of room 300 of the Elm Cottage was pushed, the caregiver responded at 9:05 AM. At 9:20 AM the call button in the bathroom of room 201 of the Oak Cottage was pushed. The caregiver did not respond. When asked about the page, the caregiver stated she did not carry the pager, it was located in a drawer in the kitchen. At 9:37 AM the call button was pushed in the Maple Cottage, the caregiver responded at 9:38 AM. At 10:20 AM the call button in the bathroom of room 503 of the Green Cottage was pushed, the caregiver did not respond. The pager was checked and the page did not register. The call button in the bathroom of room 503 was checked several times while holding the pager, the pager did not register the page. The call button in the bathroom of room 903 of the White Cottage was pushed, the caregiver

failed to respond. The pager was checked and

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defects which may cause sparks.

secured in a stand or to a wall:

is in good working condition;

(5) All oxygen tanks kept in the facility are

(6) The equipment used to administer oxygen

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assistance of a caregiver.

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significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the

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(1) Comply with the order.

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Surveyor: 28263

& #20).

Based on record review on 8/4/09, the facility failed to ensure the medication administration record (MAR) was accurate for 9 of 20 residents (Resident #9, #10, #11, #12, #13, #14, #15, #17,

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Severity: 2

Y 922

SS=D

Scope: 1

449.2748(3)(a) Medication Labeling

Y 922

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information and any other information related to the resident, including without limitation:

(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations

This Regulation is not met as evidenced by:

Based on record review on 8/4/09, the facility

adopted pursuant thereto.

Surveyor: 28263

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and a curling iron were inaccessible to the residents in 3 of 3 Memory Care Cottages. (Elm,

This was a repeat deficiency from the 10/29/08

Scope: 3

Oak and Maple)

Severity: 2

State Licensure survey.

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